



Douglas A. Ducey
Governor

State of Arizona
Board of Respiratory Care Examiners
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Jack Confer
Executive Director

VERIFICATION OF LICENSURE

I am applying for a license to practice Respiratory Care in the State of Arizona. The Arizona Board of Respiratory Care Examiners requires that this form be completed by each jurisdiction in which I hold or have held a license. Please complete this form and return it directly to the Arizona Board of Respiratory Care Examiners at the above address.

Name: _____ State of: _____

Address: _____ License Number: _____

Applicant's Signature: _____

THE INFORMATION BELOW MUST BE COMPLETED BY THE STATE LICENSING BOARD. NOT TO BE COMPLETED BY THE APPLICANT.

State of: _____

Name of Licensee: _____

Graduate of: _____

Temporary License: _____ Issued Date: _____ Expiration: _____

License Number: _____ Issued Date: _____ Expiration: _____

Completion of AMA approved course(y/n): _____ By Examination: _____

Has the applicant's license ever been the subject of discipline, censure, probation, practice restriction, suspension, revocation, cancellation, or any other Board order? ____ Yes ____ No

If yes, for what reason? Please attach a copy of Order(s): _____

Any other information: _____

[SEAL]

Signed _____

Title _____

State Board _____

Date _____